

# Avery Gibson

## FINANCIAL SERVICES PTY LTD

Avery Gibson Financial Services Pty Ltd is a corporate authorised representative of Plan 2 Pty Ltd.  
Plan 2 Pty Ltd ABN: 60 010 875 073 Avery Gibson Financial Services Pty Ltd ABN: 45 119 229 980  
Australian Financial Services Licensee. Licence No. 237874

### CONFIDENTIAL

## CLIENT QUESTIONNAIRE

### PRIVATE AND CONFIDENTIAL

The information requested in this document will form the basis of a confidential analysis of your needs, goals and financial situation so that an appropriate investment strategy can be designed for your particular circumstances.

#### IMPORTANT NOTE TO CLIENTS

Your Adviser has a legal obligation under The Corporations Law to have reasonable grounds for making an investment recommendation. Therefore, before making such a recommendation, your Adviser must obtain detailed information about your investment objectives, financial situation and particular needs. The information collected in this form will be held in strictest confidence and will be used only for that purpose.

Client*	
Partner *	

Authorised representative * (financial adviser)	
Date of completion *	

	Next Appointment
Preferred Date	
Preferred Time	
Confirmed	Yes / No

## Review Checklist

Use this checklist to determine areas of this Review Questionnaire that may need to be completed in more detail.

	No Change	Has/ Will Change	Do you consider this a Significant Change?		No Change	Has/ Will Change	Do you consider this a Significant Change?
<b>Marital Status</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Assets</b>			
				Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Dependants</b>				Pensions and Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase or sale of Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heath Status</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Primary Residence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Occupation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Liabilities</b>			
<b>Source of Income</b>				Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Expenditure Plans</b>				<b>Insurances</b>			
Annual Expenditure Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life, TPD or Trauma Insurances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts > \$30,000 over 5 yrs or \$10,000 in 1 yr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Documents</b>				<b>Business Ownership</b>			
Change in Current Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Interest Purchased / Sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restructure of Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Income Tax Position</b>			
Buy-Sell Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains or losses Expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Signatures</b>				Donations to charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____						
	_____						

## Personal Information

### Private and confidential

The document contains a number of 'Needs analysis sections' that should be used to quantify and qualify your goals and objectives. Answers to these questions are to be completed after discussion, education and investigation with the adviser. These questions represent a starting point only.

	Client	Partner
<b>Surname *</b>		
<b>Given name(s) *</b> eg, William Frederick		
<b>Preferred name/other name *</b> eg, Bill		
<b>Date of birth *</b>		
<b>Age *</b>		
<b>Nationality *</b>		
<b>Residency Status*</b>		
<b>Gender *</b>		
<b>Health *</b>		
<b>Smoking status *</b>		
<b>Marital status *</b>		
<b>Tax File Number *</b>		
<b>ABN *</b>		
<b>Code</b>		
<b>Review Service *</b>		

### Dependants

<b>Names(s) of any dependant(s) *</b> eg children, parents	<b>Date of birth *</b>	<b>Sex *</b>	<b>Relationship *</b>	<b>Financially dependant *</b>

**Contact Details**

<b>Residential address *</b>	
<b>Postal address *</b>	
<b>Telephone (Work) *</b>	
<b>Telephone (Home) *</b>	
<b>Mobile number *</b>	
<b>Email address *</b>	

**ID Requirements**

		<b>Partner</b>
<b>ID Check</b>		
<b>Points *</b>		
<b>Expires *</b>		

**Company Details**

	Company
Name of Company *	
Company Type *	
Trading Name *	
Company Number *	
ABN *	
TFN	
Date of Incorporation *	
Total Issued Shares *	
Salutation *	
Address Title *	
Comments *	

**Directors**

First Name *	Surname *

**Shareholders**

First Name *	Surname *	Ownership *

**Trust Details**

	Trust
Name of Fund *	
Trust Type *	
ABN *	
TFN	
Date of Deed *	
Location of Deed *	
Salutation *	
Address Title *	
Comments *	

**Trustees**

First Name *	Surname *	Company Name *	Entity Name *

**Beneficiaries**

First Name *	Surname *	Ownership *

**Super Fund Details**

	Trust
Name of Fund *	
Trust Type *	
ABN *	
TFN	
Date of Deed *	
Location of Deed *	
Salutation *	
Address Title *	
Administrator	
Auditor	
Investment Strategy	
Comments *	

**Trustees**

First Name *	Surname *	Company Name *	Entity Name *

**Members**

First Name *	Surname *	Phase *

## Your Goals and Objectives

From our discussions with you, we understand that your goals and objectives are:

### Goals to be addressed for

Priority	Timeframe	Goals and Objectives

## Occupation

	Client	Partner
Occupation *		
Position title *		
Name of employer *		
Employment status *		
Duties*		
Commencement Date*		
Security of Job*		
Centrelink Benefit *		
Centrelink Relationship Number *		

**Your Income**

Item *	Amount *
<b>Total Income</b>	<b>\$0</b>

**Your Expenses**

Item *	Amount *
<b>Total Expenditure</b>	<b>\$0</b>
<b>Estimated Surplus Cash Flow</b>	<b>\$0</b>

## DETAILED EXPENSES

### Transport

	Weekly expense	Monthly expense	Annual expense	Total annual expenses
Petrol	\$	\$	\$	\$
Public transport	\$	\$	\$	\$
Vehicle registration	\$	\$	\$	\$
Vehicle maintenance or repairs	\$	\$	\$	\$
Vehicle registration	\$	\$	\$	\$

### Food

Groceries	\$	\$	\$	\$
Eating out – lunches	\$	\$	\$	\$
Eating out – dinner	\$	\$	\$	\$

### Education

School fees	\$	\$	\$	\$
Uniforms	\$	\$	\$	\$
Self-education	\$	\$	\$	\$
Books	\$	\$	\$	\$
Out of school activities	\$	\$	\$	\$
Child minding or care	\$	\$	\$	\$

### Medical

Health insurance	\$	\$	\$	\$
Doctor	\$	\$	\$	\$
Dentist	\$	\$	\$	\$
Optometrist	\$	\$	\$	\$
Alternative therapies	\$	\$	\$	\$
Other, eg physiotherapy	\$	\$	\$	\$

**Personal**

	<b>Weekly expense</b>	<b>Monthly expense</b>	<b>Annual expense</b>	<b>Total annual expenses</b>
Clothing	\$	\$	\$	\$
Personal grooming	\$	\$	\$	\$
Hobbies	\$	\$	\$	\$
Sport, eg gym membership, clubs	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alcohol	\$	\$	\$	\$
Cigarettes or tobacco	\$	\$	\$	\$
Cinema, videos and DVDs	\$	\$	\$	\$
Mobile phone	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Magazine or newspaper subscriptions	\$	\$	\$	\$
Other, eg dry cleaning, fines, ad hoc purchases	\$	\$	\$	\$

**Other**

	<b>Weekly expense</b>	<b>Monthly expense</b>	<b>Annual expense</b>	<b>Total annual expenses</b>
Life, income or term insurance	\$	\$	\$	\$
Pets, eg food or vet bills	\$	\$	\$	\$
Special projects	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Lifestyle Assets**

Description *	Owner *	Market Value *	Available to Invest *	Insured?
<b>Total</b>				

**Lifestyle Liabilities**

Description *	Owner *	Market Value *	Available to Invest *	Insured?
<b>Total</b>				



**Insurance Details \***

Underwriter/ Product Name	Policy Owner	Beneficiary	Life Insured	Issue Date	Policy Number	Premium Payment	Life Cover	TPD Cover	Trauma Cover	IP Monthly Benefit	IP Waiting Period	IP Sickness Period

## Needs analysis – saving, investment and debt management

Current savings and capacity to save, couples please provide a joint response

	Client	Partner
Do you save money on a regular basis? *		
How much do you save now and how much do you think you could comfortably save? *	\$	\$

### Saving and investment goals and objectives

	Expense	Amount	When
Do you anticipate any major expenses, or do you have specific saving or investment goals? *			
Would you be inclined to borrow or to save first to meet these anticipated expenses? *			

### Current debts

Are you comfortable with your level of debt? *			
Are your lifestyle debts: *	X – Increasing X – Staying the same X – Decreasing		
Is the balance of your credit card(s) cleared on a monthly basis? *			

### Managing your debts

Do you have a budget? *			
If so, do you stick to it? *			

**Needs analysis – saving for retirement**

If you have already retired, this section may not be applicable.

**Retirement lifestyle**

	Client	Partner
When do you want to retire? *	Age:	Age:
How much income do you think you will need in retirement? *	\$	
Are there any other lump sums required at your retirement? *	<b>Reason</b>	<b>Amount</b>

**Needs analysis – living in retirement**

If you are not considering retiring soon and has not retired already, this section may not be applicable.

**Making your funds last**

Do you think that your current funds will last for the rest of your life? *	
To what extent would you consider changing your lifestyle to ensure your funds last longer?*	
Are you considering downsizing or freeing up capital in your home? *	
Would you consider adopting a higher risk investment strategy to make your funds last longer? *	
Do you wish to leave money or assets to your family or other beneficiaries when you die? *	
If so, how much? *	

**Notes**

What are the potential opportunities that should be investigated further?


**Needs analysis – financial protection**

	Client	Partner
How important is it to you that your family or your estate is protected in the event of your early death? *		
In the event of your early death, would you want all of your debts repaid? *		
Would you want your spouse/partner to have a continuing income? *		
Are there any major financial threats to you or your family/company? *		
In the event of your early death, would you want to cover medical emergency, legal and funeral expenses? *		
In the event of your early death, would your partner require assistance with care of your children or with domestic help. (day care, etc)? *		

Do you have any outstanding leave you could rely on if suffering a prolonged illness?

	Client	Partner
	Days outstanding	Days outstanding
Annual leave		
Sick leave		
Long service leave		
Other	0	0

**Notes**

What are the potential opportunities that should be investigated further?

<b>Client:</b>
<b>Partner:</b>

**Financial protection – level of cover**

Your financial adviser will use the data collected in the following section to determine how much insurance cover you require. Alternatively, you can request a specific amount of cover rather than have the adviser recommend it.

**Life insurance and total and permanent disability insurance**

Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives in regard to the level of insurance cover you require.

	Event of Client's death	Event of Total and permanent disability	Event of Partner's death	Event of total and permanent disability
<b>Income replacement</b>				
Gross replacement income required (\$ per annum)	\$	\$	\$	\$
Real rate of return (% per annum)*				
Number of years income required (years or 'Life')				
Value of lump sum at end of term (Residual Capital Value)	\$	\$	\$	\$
<b>Capital costs (present value)</b>				
Capital for estate	\$	N/A	\$	N/A
Final expenses	\$	N/A	\$	N/A
Bequests	\$	N/A	\$	N/A
Debts	\$	\$	\$	\$
Children	\$	\$	\$	\$
Medical costs	N/A	\$	N/A	\$
Home improvements	N/A	\$	N/A	\$
Other	\$	\$	\$	\$
<b>Realisable assets</b>				
Assets you would be willing to sell	\$	\$	\$	\$

Client requested sum: You have nominated the sum insured value. You have waived the option to obtain an analysis of cover you may require and specifically requested not to receive advice in this area.

	Event of Client's death	Event of total and permanent disability	Event of Partner's death	Event of total and permanent disability
<b>requested cover required</b>	\$	\$	\$	\$

**Notes**

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**Income protection insurance**

Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives regarding the level of insurance cover you require.

	Event that Client cannot work	Event that Partner cannot work
<b>Maximum cover available</b>		
<b>Maximum cover available per month (75% of income)</b>	\$	\$
<b>Maximum cover available per annum (75% of income)</b>		
<b>Cover required</b>		
<b>Cost of living</b>	\$	\$
<b>Other expenses</b>	\$	\$
<b>Cover required (per month)</b>	\$	\$

Client requested sum: you have nominated the sum insured value. You have waived the option to obtain an analysis of cover you may require and specifically requested not to receive advice in this area.

	Event that Client cannot work	Event that Partner cannot work
<b>requested cover required (per month)</b>	\$	\$

**Trauma insurance – additional cover required**

Adviser recommended cover: Using the information provided, the adviser will propose a strategy to meet your objectives in regard to the level of insurance cover you require.

	Event that Client cannot work	Event that Partner cannot work
<b>Capital costs (present value)</b>		
<b>Debts</b>	\$	\$
<b>Children</b>	\$	\$
<b>Medical costs</b>	\$	\$
<b>Other</b>	\$	\$

Client requested sum: you have nominated the sum insured value. You have waived the option to obtain an analysis of cover you may require and specifically requested not to receive advice in this area.

	Event that Client cannot work	Event that Partner cannot work
<b>requested cover required</b>	\$	\$

**Notes**

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	Client	Partner
<b>Do you have private health cover? *</b>		
<b>Do you have any health concerns or issues? *</b> <b>If so please provide details.</b>		

**Needs analysis – estate planning**

The following details relate to your plans for your finances after your death or during a period where you are not able to control your finances, e.g. due to illness.

	Client	Partner
<b>Do you have a will? *</b>		
<b>If so, when was your will last reviewed? *</b>		
<b>Have you appointed an executor for your will? If so who? *</b>		
<b>Do you have provisions in place for a testamentary trust? *</b>		
<b>What type(s) of power of attorney do you have? *</b>		
<b>Who are your attorneys under power? *</b>		
<b>Do you have an Advanced Health Directive*</b>		

**What Strategies do you have in place to help your beneficiaries save on taxes when they inherit assets from you?**

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**What strategies do you have in place which will help protect your children from the claims of their spouses or legal claims from creditors?**

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**Investor risk profile**

By answering the following questions about your attitude(s) to investing, you will help your financial adviser assess your investment profile. This will help to establish which types of funds might be appropriate for your investments. Couples can answer separately or together. If separately, please use a circle and a tick to differentiate.

**Section 1**

**Question 1**

What is your investment timeframe or how long do you expect your money will be invested? Assume that this money does not affect your cash flow.

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
<b>Less than 1 year</b>	0	<input type="checkbox"/>
<b>1-2 years</b>	1	<input type="checkbox"/>
<b>2-3 years</b>	2	<input type="checkbox"/>
<b>3-5 years</b>	3	<input type="checkbox"/>
<b>5-7 years</b>	4	<input type="checkbox"/>
<b>Greater than 7 years</b>	5	<input type="checkbox"/>

**If your investment timeframe is less than two years you do not need to complete Section 2.**

**Section 2**

**Question 1**

Which of the following statements best describes your experience or knowledge of investing?

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
I have never invested money and do not know how the investment markets work.	1	<input type="checkbox"/>
I have some experience and an understanding of how investment markets work.	2	<input type="checkbox"/>
I have some experience with investing in shares or managed funds and I understand the importance of diversification.	3	<input type="checkbox"/>
I have previously invested money in various types of investments, understand that markets may fluctuate and that different market sectors offer different income and growth characteristics.	4	<input type="checkbox"/>
I have previously invested substantially in share and/or property investments either directly or through managed funds and have a strong understanding of the various factors that may influence performance.	5	<input type="checkbox"/>

**Question 2**

Are high returns on your investment more important than short-term fluctuations?

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
Not at all	1	<input type="checkbox"/>
Limited	2	<input type="checkbox"/>
To some extent	3	<input type="checkbox"/>
For the most part	4	<input type="checkbox"/>
Definitely	5	<input type="checkbox"/>

**Question 3**

What would you do if the value of your investment fell by 20 per cent in its first year because of the markets?

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
I would withdraw my funds.	1	<input type="checkbox"/>
I would find out about safer investments.	2	<input type="checkbox"/>
I would discuss the investment with my adviser and ask for guidance.	3	<input type="checkbox"/>
I would understand that investments can fluctuate and would do nothing.	4	<input type="checkbox"/>
I would consider investing additional funds.	5	<input type="checkbox"/>

**Question 4**

Which of the following statements describes your feelings towards an investment?

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
My money should be totally secure at all times.	1	<input type="checkbox"/>
My money should grow by at least the rate of inflation.	2	<input type="checkbox"/>
My money should grow steadily by greater than the rate of inflation.	3	<input type="checkbox"/>
My money should grow at a rate that exceeds inflation in the long term while fluctuating in value.	4	<input type="checkbox"/>
My money should grow substantially compared with inflation while fluctuating in value.	5	<input type="checkbox"/>

**Question 5**

Which of the following describes your investment objectives?

<b>Previous response provided</b>		
<b>New Response (if changed)</b>	<b>Preferred Answer</b>	<b>Please Tick</b>
To generate an income.	1	<input type="checkbox"/>
To generate an income and a small amount of growth.	2	<input type="checkbox"/>
To generate an equal amount of income and growth.	3	<input type="checkbox"/>
To generate a small amount of income and growth and to grow more substantially.	4	<input type="checkbox"/>
To achieve growth with little or no income.	5	<input type="checkbox"/>

**Risk Profile Assessment**

<b>Previous Risk Profile</b>		
<b>New Response (if changed)</b>	<b>Client</b>	<b>Partner</b>
Add the total of Section 2 scores and divide by 5.		
Score from Section 1.		
Select the lower of the two scores from Section 1 and Section 2.		
Profile identified by score (as defined below).		
Profile agreed by and adviser.		

**Your Risk Profile**

	<b>Client</b>	<b>Partner</b>
<b>Your agreed risk profile is:</b>		

<b>Score</b>	<b>Profile</b>	<b>Description of investor and investment</b>
<b>1-1.5</b>	<b>Defensive</b>	<p>Definite need for a very secure income. Little fluctuations in capital value.</p> <p>Will not accept much downside risk.</p>
<b>1.51-2.5</b>	<b>Defensive</b>	<p>Requires a stable income. Can withdraw capital to supplement income if necessary.</p> <p>Expect small fluctuations in income to gain modest capital growth.</p> <p>Requires minimisation of downside risk.</p>
<b>2.51-3.5</b>	<b>Balanced</b>	<p>Desires a reasonably stable income stream, but also desires a steady growth in capital value.</p> <p>Prepared for fluctuations to achieve reasonable capital growth over the medium term.</p> <p>Sufficient capital available to draw down to supplement income needs.</p>
<b>3.51-4.5</b>	<b>Growth</b>	<p>Less need for drawing an ongoing income from growth investments.</p> <p>Investment focus is on achieving capital growth with less need to access capital in the medium term.</p> <p>Prepared to accept fluctuations in capital value to achieve longer term higher growth from investments.</p>
<b>Over 4.5</b>	<b>High growth</b>	<p>No ongoing income needed from investments.</p> <p>Investment focus is on high levels of capital growth with no need to access capital for the long term.</p> <p>Prepared to accept wide fluctuations in capital value and may be prepared to invest additional sums during downsize period.</p>

**Service agreement and acknowledgement**

**Preparing your Statement of Advice**

Following an initial analysis of your needs, we have identified that we can assist you by developing a Statement of Advice addressing the following areas:

(Tick all areas relevant)

	Applicable	Advice limited by
<b>Saving, investment and debt management</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> declined service
<b>Saving for retirement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> declined service
<b>Living in retirement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> declined service
<b>Financial protection</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> declined service
<b>Estate planning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> declined service

**Notes**

Where a declined full service and limited advice is being provided please provide further details below:


The next steps in the advice process include:

**1 Sign-off**

Prior to proceeding, you are required to sign-off to confirm that you accept our service agreement to prepare a Statement of Advice for your consideration. We also require your sign-off for:

- tax file, Centrelink and Department of Veterans Affairs (DVA) number
- duty of care
- privacy statement, and
- declaration that you have declined some services (if only limited advice is being provided).

**2 Preparation of your Statement of Advice**

Based on the information you have provided we will prepare a Statement of Advice tailored to your needs. The Statement of Advice will include:

- a summary of your current situation and needs
- recommended strategies to meet these needs, and
- recommended products where appropriate.

**3 Presentation of your Statement of Advice to you**

Once the Statement of Advice is complete we will meet with you again to present the advice to you. During this session we will review each of the areas you have requested assistance with and explain how our recommendations meet your needs.

We will clearly explain to you the costs that you will incur should you then proceed with the plan.

**4 Discuss appropriate review service**

On presenting you with your Statement of Advice we may also discuss the most appropriate review service to ensure that your plan is kept up-to-date and is relevant to any change in your circumstances.

**Tax file, Centrelink and DVA number sign-off**

	Client	Partner
<b>My tax file number (TFN) is *</b>		
<b>I do not wish to advise my TFN</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>My Centrelink number is *</b>		

I/We authorise \_\_\_\_\_ Financial Adviser of Plan 2 Pty Ltd, to: (Please tick boxes)

- retain and store the above number(s) for the period that the financial adviser is acting on my behalf, and
- quote my tax file number information to the Australian Taxation Office when necessary and to investment bodies when making investments on my behalf.

\* Failure to disclose your TFN to your superannuation provider could lead to the top tax rate being applied to your superannuation contributions and to other investment income.

**Duty of care sign-off**

It is your responsibility to provide accurate and appropriate information to allow the financial adviser to have reasonable grounds for making recommendations. Plan 2 Pty Ltd accepts no liability for any advice given on the basis of inaccurate or incomplete information supplied by the you.

The information provided in this document is complete and accurate to the best of my/our knowledge. (Please tick the boxes)

- I am/We are not aware of any other information which would be relevant to the financial adviser when making a recommendation.
- I/We give permission for the information supplied in this review to be used for the preparation of my/our Statement of Advice and I/we understand that the recommendations will be based solely on this information.
- I/We acknowledge that I/we have received a Financial Services Guide from the financial adviser.

**Privacy statement**

The information you provide and any recommendations made will be kept on file. You are entitled to request reasonable access to any information held about you. It is also important to understand that Plan 2 Pty Ltd reserves the right to appoint another financial adviser from time to time. In these circumstances we will write to you advising you of the change.

In order to best meet your needs and provide you with financial services and advice, we may need to disclose your personal information to other parties including fund managers, life companies, related entities and other licensees.

Similarly we may bring to your attention products, services or other information, which may be relevant to your financial plan. At these times you will be given the opportunity to choose whether or not you continue to receive such information.

If you wish to examine your files, it is available on request.

**Sign-off**

Please tick the boxes relating to sections completed above, then sign and date the section below signifying your acceptance of those matters:

- Limited advice – I have declined some services. The risks of receiving limited advice have been explained to me.
- Tax file, Centrelink and DVA number
- duty of care
- Privacy statement

Name	Signature	Date
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	

**Plan construction sign-off**

Authority to proceed with the construction of a Statement of Advice

<b>Name</b>	
<b>Address</b>	

- I/We have discussed my/our financial planning requirements with our financial adviser and have disclosed all relevant information.
- I/We request a Statement of Advice to be constructed based on the information disclosed by us in this detailed financial review dated    /    /    .
- I/We acknowledge that the cost and process of preparing this plan has been fully disclosed to me/us on the following basis:

<b>Cost including GST</b>	
Fixed cost	\$
OR, cost per hour	\$
Cost per hour is capped at	\$

An invoice for the agreed fee will be issued on presentation of the Statement of Advice. A time sheet will be included to substantiate fees charges on an hourly basis, if appropriate.

Preparing a Statement of Advice is an important step of the financial planning process. Your financial adviser may discuss fees for implementation of the advice separately.

Please tick one of the following options:

- The above costs **do not** include those associated with implementing the recommendations.
- The above costs **do** include those associated with implementing the recommendations.

Name	Signature	Date
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	

**Authorisation to collect information or transfer servicing rights of financial products**

To: The Manager of Customer Service

Provider name:

Address:

<b>Client name</b>		<b>Date of birth</b>	
<b>Partner name</b>		<b>Date of birth</b>	
<b>Address:</b>		<b>Product details:</b>	

To whom it may concern,

- I/ We authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- I/ We authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative.
- I am/ We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business named below and its representatives.

Please accept this facsimile copy/photocopy as authority, as the original will stay on file at the address shown below.

Yours faithfully,

<b>Name</b>	<b>Signature</b>	<b>Date</b>
	X	
	X	

<b>Adviser name</b>		<b>Adviser code</b>	
<b>Business</b>	Avery Gibson Financial Services Pty Ltd	<b>Tel</b>	07 3252 9990
<b>Business address</b>	Level 2, 54 Amelia St Fortitude Valley Qld 4006	<b>Fax</b>	07 3257 7366
		<b>Email</b>	

**ID Verification (adviser use only) \***

I have sighted the original forms of the identification documents listed and kept a copy on file. I verified the client's full name and either date of birth or residential address from:

One primary ID source (tick one)	Client	Partner
Driver's licence	<input type="checkbox"/>	<input type="checkbox"/>
Passport, or	<input type="checkbox"/>	<input type="checkbox"/>
other photo ID	<input type="checkbox"/>	<input type="checkbox"/>

<b>or two secondary ID sources (list two documents)</b>		

**Other Professional Advisers \***

Other contacts	Name	Contact number
Accountant		
Bank Manager		
Bookkeeper		
Insurance Agent		
Solicitor		
Mortgage Broker		
Stockbroker		

